

POLICY AND PROCEDURE

DEPARTMENT: Ambetter Health Plans	DOCUMENT NAME: Provider Requests for Pharmacy Profiles
PAGE: 1 of 2	REPLACES DOCUMENT:
APPROVED DATE: 02/14	RETIRED:
EFFECTIVE DATE: 02/14	REVIEWED/REVISED: 02/15, 02/16, 02/17, 02/18
PRODUCT TYPE: Health Insurance Marketplace	REFERENCE NUMBER: HIM.PHAR.11

SCOPE:

Involve Pharmacy Solutions and Health Insurance Marketplace (Ambetter) Pharmacy Departments

PURPOSE:

To ensure that requests from medical providers for pharmacy profiles are made available consistent with the Health Insurance Portability and Accountability Act (HIPAA) privacy rules and regulations.

POLICY:

It is the policy of Involve Pharmacy Solutions and the Ambetter Health Plans' Pharmacy Departments to provide prescribers with member pharmacy profiles, when requested in writing, consistent with the privacy rules operative under HIPAA regulations.

PROCEDURE:

When a request is received from medical providers for a member's pharmacy profile via mail, email, fax or phone the following conditions and workflow applies.

1. The provider request must include a signed patient consent form agreeing to full disclosure and agreement for the Ambetter Health Plan to send the member's full drug history (HIPAA sensitive information inclusive) to the requesting provider. Phone requests require written submission.
2. The provider request must include the patient name, date of birth, the member ID number and the prescription history date span requested.
3. All requests received by a local Health Plan for a member's prescription drug history should be forwarded to the Health Plan's Pharmacist.
4. The Health Plan's Pharmacist should document the request in the current "case control management system" and attach the consent form.
5. The Health Plan's Pharmacist will use the Involve Pharmacy Solutions pharmacy application to run a member prescription history profile.
6. The Health Plan's Pharmacist will decide the best available response dependent on the urgency of the request. The preferred transmission mode is via fax or direct mail.

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7. The content of the response will contain the member's name, member's ID number, dates of service for prescription fills, the drug quantity, and the drug description. Additional information such as the pharmacy name and the prescriber are also normally provided.

REFERENCES: N/A

ATTACHMENTS: N/A

DEFINITIONS: N/A

REVISION LOG

REVISION	DATE
Changed reference from Corporate Pharmacy to US Script Utilization Management Pharmacy. Changed reference from Ambetter (product name) to Health Insurance Marketplace (line of business).	02/16
Changed reference from US Script Utilization Management Pharmacy to Envolve Pharmacy Solutions	02/17
Policy reviewed. No changes.	02/18

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

EPS Director, Marketplace Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

NOTE: The electronic approval is retained in Compliance 360.